

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

5860

State File No. _____

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

BIRTH NO.		REG. DIST. NO. 309		PRIMARY REG. DIST. NO. 4455		Registrar's No.	
1. PLACE OF DEATH a. COUNTY St. Charles				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY St. Charles			
b. CITY (If outside corporate limits, write RURAL and give township) c. LENGTH OF STAY (in this place) OR TOWN Portage des Sioux Twp Life				c. CITY (If outside corporate limits, write RURAL and give township) "Rural" OR TOWN Portage des Sioux Twp			
d. FULL NAME OF HOSPITAL OR INSTITUTION R.R. 1-St. Charles				d. STREET ADDRESS (If rural, give location) West A 16. n mo. R.R. 1, St. Charles 6920			
3. NAME OF DECEASED (Type or Print) a. (First) Joseph		b. (Middle) Aloysius		c. (Last) Echele		4. DATE OF DEATH (Month) (Day) (Year) February 8-1950	
5. SEX Male		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed		8. DATE OF BIRTH July 17-1882	
9. AGE (in years last birthday) 67		IF UNDER 1 YEAR Months Days		IF UNDER 1 HR. Hours Min.		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer	
11. BIRTHPLACE (State or foreign country) Portage des Sioux, Mo.		12. CITIZEN OF WHAT COUNTRY? U.S.A.		13a. FATHER'S NAME Tobias Echele		13b. MOTHER'S MAIDEN NAME Francisca Vogt	
14. NAME OF HUSBAND OR WIFE Frances (Martineau) Echele		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No		16. SOCIAL SECURITY NO. NIL		17. INFORMANT'S SIGNATURE OR NAME Sylvester Echele	
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death. 1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Strangulation ANTECEDENT CAUSES Hanging - Act of own hand *Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify) suicide		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)		21d. TIME OF INJURY (Month) (Day) (Year) (Hour) 2-8 Feb. 9, 1950	
21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		21f. HOW DID INJURY OCCUR?		22. I hereby certify that I attended the deceased on Feb. 9, 1950, to the last moment of life, and that death occurred at 10:00 A.M., from the causes and on the date stated above.		23a. SIGNATURE (Degree or title) Marie Marching-Croon	
23b. ADDRESS Wentzville, Mo.		23c. DATE SIGNED Feb. 9 '50		24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE Feb 11-1950	
24c. NAME OF CEMETERY St. Francis Cemetery		24d. LOCATION (City, town, or county) (State) Portage des Sioux, Mo.		25. FUNERAL DIRECTOR'S SIGNATURE H. B. Dallmeyer & Sons Co.		25. ADDRESS 800 N. 2nd-St. Charles, Missouri	

(Licensed Embalmer's Statement on Reverse Side)

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by 4189

working under my personal supervision.

Student
Student Embalmer

Signed

Joseph I. Lambert

Licensed Embalmer No. 4189

P. O. Address

St Charles 2nd

Note: The above **MUST BE SIGNED BY THE LICENSED EMBALMER** in his **OWN HANDWRITING**. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.